

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>7-14-05</u>		2 Serial/Patent # <u>10/519234</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>7/21/04</u>	\$ <u>100.50</u>	
<input type="checkbox"/> Amendment				\$	
<input type="checkbox"/> Extension of Time				\$	
<input type="checkbox"/> Notice of Appeal/Appeal				\$	
<input type="checkbox"/> Petition				\$	
<input type="checkbox"/> Issue				\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$	
<input type="checkbox"/> Maintenance				\$	
<input type="checkbox"/> Assignment				\$	
<input type="checkbox"/> Other				\$	
			7 TOTAL AMOUNT OF REFUND	\$ <u>50</u>	
8 TO BE REFUNDED BY:					
10 REASON:		<input type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Overpayment <input checked="" type="checkbox"/> Credit Deposit A/C #: <input type="checkbox"/> Duplicate Payment , <u>1 6--0750</u> <input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY: TYPED/PRINTED NAME: <u>A Johnson</u> TITLE: <u>paralegal</u> SIGNATURE: <u>A Johnson</u> PHONE: <u>308-9140</u> OFFICE: <u>PCT</u> **** THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: _____ DATE: _____					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B